PATENT APPLICATION FEE DETERMINATION RECORD

Effective October 1, 2003

Application or Docket Number 2001 P1900US 61

CLAIMS AS FILED - PART I (Column 1) (Column 2)								SMALL ENTITY TYPE			OTHER THAN OR SMALL ENTITY	
TOTAL CLAIMS			10	10				RATE	FEE	7	RATE	FEE
FOR			NUMBER FILED		NUMBER EXTRA			BASIC FEE	 	OR	BASIC FEE	
TOTAL CHARGEABLE CLAIMS			0 minus 20=		• 0			X\$ 9=		OR	X\$18=	0
INDEPENDENT CLAIMS			<i>9</i> minus 3 =		0			X43=		OR	X86≃	0
M	JLTIPLE DEPE	NDENT CLAIM P	RESENT					+145=		OR	+290=	0
* If the difference in column 1 is less than zero, enter "0"						column 2	•	TOTAL		OR	TOTAL	770
CLAIMS AS AMENDED - PART II (Column 1) (Column 2) (Column 3)								SMALL	ENTITY	OR	OTHER SMALL I	· · · · ·
AMENDMENT A		CLAIMS REMAINING AFTER AMENDMENT		HIGHI NUME PREVIO PAID I	BER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	· /D	Minus	**		=		X\$ 9=		OR	X\$18≃	
	Independent			1	01.411.4	=		X43=		OR	X86=	
FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM								+145=		OR	+290=	
							A	TOTAL DDIT. FEE		OR	TOTAL ADDIT. FEE	
		(Column 1)		(Colum		(Column 3)				•		
AMENDMENT B		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUME PREVIO PAID F	SER USLY	PRESENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	.699	Minus	- 10)	=	I	X\$ 9=		OR	X\$18=	
	Independent	- 2	Minus		3	-	I	X43= ·		OR	X86=	
	FIRST PHESE	NTATION OF MI	JETIPLE DEF	ENDENT	CLAIM	· _		+145=		OR	+290=	
							· A	TOTAL DDIT. FEE		on ,	TOTAL ADDIT, FEE	
(Column 1) (Column 2) (Column 3)												
AMENDMENT C		CLAIMS REMAINING AFTER AMENDMENT		HIGHE NUMB PREVIOI PAID F	ER USLY	PRÈSENT EXTRA		RATE	ADDI- TIONAL FEE		RATE	ADDI- TIONAL FEE
	Total	ø	Minus	**		z '	ſ	X\$ 9=		OR	X\$18=	
	independent	•	Minus	***		3	ŀ	X43=		OR	X86=	
	FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM							+145=		ı	+290=	
	* If the entry in column 1 is less than the entry in column 2, write "0" in column 3. ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20."									OR [TOTAL	
	the "Highest Nu	mber Previously Pa	id For IN THI	S SPACE is	less that	1 3, enter *3.*	AL.	TOTAL DOTT. FEE			DOIT. FEE	
. 1	ne "Highest Num	ber Previously Paid	For (Total or	Independer	nt) is the	highest number	foun	d in the app	ropriate box	in cofi	ımn 1.	1